

www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 111400001	CI	TY OR TOWN	SHIRLEY	
APPLICATION FOR RENEWAL:	Annual	al LICENSED FOR 2013		
	CLASS		,	YEAR
LICENSEE NAME: GEORGE J.MORIN	POST#183 AMER.LE	EG.DEPT.MA.IN	C.	
DOING BUSINESS A				
ADDRESS 9 CHURCH ST.				
CITY/TOWN: SHIRLEY	STATE: MA	ZIP CODE:	01464	
MANAGER: FOX, CAROLYN D TYPE	OF LICENSE: Vetera	ns club CA	TEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEB		ADDRESS		
DESCRIPTION OF LICENSED PREMISE				
DOWNSTAIRS; LIQUOR STORAGE ROKITCHEN, MENS ROOM AND ENTRAN				
I hereby certify and swear under penalties o	f perjury that:			
1. the renewed license will be of th	e same type for the sar	ne premises now	licensed;	
2. the licensee has complied with a	ll laws of the Common	wealth relating to	taxes; and	
3. the premises are now open for bu	usiness (If not explain	below)		
SIGNED BY:				
Individual, Partner o	r Authorized Corporate	e Officer		
DATE.				
DATE: TELEPHONE	NUMBER:		IDENTIFICATI	
DATE: TELEPHONE	NUMBER:	EMPLOYER (Note: <u>NOT</u> Indi		
We the undersigned, attest that we are in	n possession (1) the ce	(Note: <u>NOT</u> Indi	vidual Social Se	er 304 of the
IELEPHONE	n possession (1) the ce	(Note: <u>NOT</u> Indi	vidual Social Se d by Chapte nent for the	er 304 of the above named
We the undersigned, attest that we are in Acts of 2004, signed by the building insp	n possession (1) the ce ector and the head of ability insurance requ	(Note: <u>NOT</u> Indi	vidual Social Se d by Chapte nent for the a 116 of the A	er 304 of the above named Acts of 2010.
We the undersigned, attest that we are in Acts of 2004, signed by the building insp license and (2) the certificate of liquor lia Please Check Below: APPROVED:	n possession (1) the ce ector and the head of ability insurance requ	(Note: <u>NOT</u> Indicater required the fire department of the by Chapter	vidual Social Se d by Chapte nent for the a 116 of the A	er 304 of the above named Acts of 2010.
We the undersigned, attest that we are in Acts of 2004, signed by the building insplicense and (2) the certificate of liquor lia Please Check Below: APPROVED: DISAPPROVED:	n possession (1) the ce ector and the head of ability insurance requ	(Note: NOT Indicate require the fire department by Chapter LOCAL LICENS)	vidual Social Se d by Chapte nent for the a 116 of the A	er 304 of the above named Acts of 2010.
We the undersigned, attest that we are in Acts of 2004, signed by the building insp license and (2) the certificate of liquor lia Please Check Below: APPROVED:	n possession (1) the ce ector and the head of ability insurance requ	(Note: NOT Indicate require the fire department by Chapter LOCAL LICENS)	vidual Social Se d by Chapte nent for the a 116 of the A	er 304 of the above named Acts of 2010.
We the undersigned, attest that we are in Acts of 2004, signed by the building insplicense and (2) the certificate of liquor lia Please Check Below: APPROVED: DISAPPROVED:	n possession (1) the ce ector and the head of ability insurance requ	(Note: NOT Indicate require the fire department by Chapter LOCAL LICENS)	vidual Social Se d by Chapte nent for the a 116 of the A	er 304 of the above named Acts of 2010.



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 111400002		CITY OR TOWN	SHIRLEY	
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 20	13
		CLASS			YEAR
	SHIRLEY CLUB IN A THE PHOENIX BA ROAD				
CITY/TOWN: SHI	RLEY	STATE: MA	ZIP CODE:	01464	
	RWIN, TYPE VARD	OF LICENSE:R	estaurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEBS		EMAIL ADDRESS		
ONE STORY BLDC	LICENSED PREMISE 5. CONSISTING OF : I LL PREPARATION A	FOYER, BAR, L			* * *
2. the licens	red license will be of the ee has complied with a ses are now open for bu Individual, Partner of	Il laws of the Corusiness (If not exp	nmonwealth relating to		
DATE:	TELEPHONE	NUMBER:	EMPLOYER (Note: <u>NOT</u> Inc	R IDENTIFICAT lividual Social Se	
Acts of 2004, signed	d, attest that we are ir d by the building insp certificate of liquor lia	ector and the he	ad of the fire depart	ment for the	above named
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explain	ain)		LOCAL LICENS By:	SING AUTHO	DRITY
DATE:					



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1114000	04	CITY OR TOWN SHIRLET	
APPLICATION FOR RENEW	AL: Annual	LICENSED FOR 2	2013
	CLASS		YEAR
LICENSEE NAME: PICCOL DOING BUSINESS A ADDRESS 4 MILL ST.	INO INC.		
CITY/TOWN: SHIRLEY	STATE: MA	ZIP CODE: 01464	
MANAGER: BAIRD, AARO	N TYPE OF LICENSE: Res	staurant CATEGORY:	All Alcohol
EMAIL ADDRESS:	VISIT OUR WEBSITE AND ENTER YOUR EN	JAH ADDRESS	
DESCRIPTION OF LICENSE		MAIL ADDRESS	
MAIN FLOOR KITCHEN, BA		IS. DIRT CELLAR, ATTIC	
I hereby certify and swear unde	r penalties of perjury that:		
1. the renewed license	will be of the same type for the	same premises now licensed;	
2. the licensee has com	plied with all laws of the Comr	nonwealth relating to taxes; and	
3. the premises are nov	w open for business (If not expla	ain below)	
SIGNED BY:			
Individu	al, Partner or Authorized Corpo	orate Officer	
DATE:	ELEPHONE NUMBER:	EMPLOYER IDENTIFICA	
		(Note: NOT Individual Social	Security Number)
Acts of 2004, signed by the b	uilding inspector and the head	e certificate required by Chap I of the fire department for the equired by Chapter 116 of the	e above named
Please Check Below:		LOCAL LICENSING AUTH	IORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 111400006		CITY OR TOWN	SHIRLEY
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: 3 COMMON	INC.		
DOING BUSI	NESS A BULL RUN	N RESTAURANT		
ADDRESS 21:	5 GREAT ROAD			
CITY/TOWN:	SHIRLEY	STATE: MA	ZIP CODE:	01464
MANAGER:	GUERCIO, ARTHUR	TYPE OF LICENSE: Res	staurant CA	ATEGORY: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION	N OF LICENSED PF	REMISES:		
HALLWAY,C FOR STORAG	OATROOM, TWO I GE. SAWTELLE HO	' FLOOR HALLWAY,RES DRESSING ROOMS, 2 RE USE LOWER LEVEL; 2 I TORAGE AND TWO RES	ESTROOMS,3 DINI DINING ROOMS,H	NG ROOMS. ATTIC ALLWAY,
	•	nalties of perjury that:		
		be of the same type for the	-	
	•	d with all laws of the Comr	•	taxes; and
3. the	premises are now ope	en for business (If not expla	ain below)	
SIGNED BY:	Individual, P	artner or Authorized Corpo	orate Officer	
DATE:	TFI FI	PHONE NUMBER:	EMPLOYER	R IDENTIFICATION NUMBER:
	I BBBI	HORE IVENIBER.	(Note: NOT Ind	lividual Social Security Number)
Acts of 2004,	signed by the buildi	we are in possession (1) the ing inspector and the head iquor liability insurance r	l of the fire departr	ment for the above named
Please Check Belo	<u>ow:</u>		LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	i explain)			
DATE:				



www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 111400008		CITY OR TOWN	SHIRLEY
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: NET VARIETY, DOING BUSINESS A NET VARIETY			
ADDRESS 5 FRONT ST			
CITY/TOWN: SHIRLEY	STATE: MA	ZIP CODE:	01464
MANAGER: PATEL, SANGITA TY P.	PE OF LICENSE:Pa	ckage Store CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR V	WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF LICENSED PREM	ISES:		
the renewed license will be of the licensee has complied with the premises are now open for SIGNED BY: Individual Partner	th all laws of the Com	monwealth relating to	
marvidai, rarak	a of Hamorized Corp	orace officer	
DATE: TELEPHO	NE NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS	ING AUTHORITY
DATE: APPLICATION FOR RENEWAL MUST BE FILED BY	LICENSEES DURING THE A	MONTH OF NOVEMBER (M	G1 Ch 138 \$ 164)



www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	111400009		CI	TY OR TOWN	SHIRLEY	
APPLICATION FOR	RENEWAL:	Annı	ıal	LICEN	ISED FOR 20	013
		CLA	SS			YEAR
LICENSEE NAME:	SHIRLEY PACKAC	GE STORE I	NC			
DOING BUSINESS A	YE OLDE COCK	AND BOTT	LE			
ADDRESS 217 GREA	AT ROAD					
CITY/TOWN: SHIR	LEY	STATE:	MA	ZIP CODE:	01464	
MANAGER: GUER	CIO, PETER JTYPI	E OF LICEN	SE:Packag	ge Store C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
P	LEASE ALSO VISIT OUR WEB	BSITE AND ENTER	R YOUR EMAIL	ADDRESS		_
DESCRIPTION OF L	ICENSED PREMISE	ES:				
ONE FLOOR, THRE ROOM, PLUS RESTR		JSED FOR S	SELLING A	AREA, AND ST	TORAGE	
I hereby certify and sv	vear under penalties o	of perjury tha	ıt:			
1. the renewe	ed license will be of the	ne same type	for the san	ne premises nov	licensed;	
2. the license	e has complied with a	all laws of th	e Common	wealth relating	to taxes; and	
3. the premise	es are now open for b	ousiness (If n	ot explain l	pelow)		
SIGNED BY:						
	Individual, Partner of	or Authorized	d Corporate	Officer		
DATE:	TELEPHONE	E NUMBER:			R IDENTIFICAT	
				(Note: NOT In	dividual Social S	ecurity Number)
Please Check Below: APPROVED:				LOCAL LICEN	SING AUTHO	ORITY
DISAPPROVED:			ŀ	By:		
(If disapproved explain	 .n)		-			
	•		=			
5.475			-			
DATE:						



www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 111400012		CITY OR TOWN SI	HIRLEY
APPLICATION FOR	RENEWAL:	Annual	LICENSEI	O FOR 2013
		CLASS		YEAR
LICENSEE NAME: DOING BUSINESS A				
ADDRESS 23 FRON	T STREET			
CITY/TOWN: SHIP	RLEY	STATE: MA	ZIP CODE: 0	1464
MANAGER: PATE	EL, JIGAR	ΓΥΡΕ OF LICENSE: Pa	ckage Store CATE	EGORY: Wine and Malt Regular
EMAIL ADDRESS:				
Ī	LEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR F	EMAIL ADDRESS	
DESCRIPTION OF I	LICENSED PRE	MISES:		
ENTRANCE FOR D	ELIVERIES, 150 CONNECTING	00 SQ. FT. DISPLAY A CELLARS, 1-850 SQ. 1	TORAGE FRONT, BAC AND SELLING SPACE I FT. BEER STORAGE, 1	FIRST FLOOR-
2. the license	e has complied v	* *	e same premises now lice monwealth relating to tai lain below)	
SIGNED BY:	Individual, Part	ner or Authorized Corp	orate Officer	
DATE:	TELEPH	ONE NUMBER:		ENTIFICATION NUMBER: ual Social Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expla	in)		LOCAL LICENSING By:	G AUTHORITY
DATE:				



www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 111400015		CITY OR TOWN	SHIRLEY	
APPLICATION FOR RENEWAL: Annual LICENSED FOR 20				13	
		CLASS			YEAR
LICENSEE NAME:	M&M CONVEN	TIENCE, INC.			
DOING BUSINESS	A				
ADDRESS 1 FRON	T ST. SUITE 3				
CITY/TOWN: SHI	RLEY	STATE: MA	ZIP CODE:	01464	
	KETT, T'	YPE OF LICENSE:	Package Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOU	R EMAIL ADDRESS		•
DESCRIPTION OF	LICENSED PREM	IISES:			
			RS ON FRONT ST.ON ORE FRONTS AT TH		OR,
2. the licens	ee has complied wi	* *	he same premises now mmonwealth relating to plain below)		
SIGNED BY:	Individual, Partn	er or Authorized Co	rporate Officer		
DATE:	TELEPHO	ONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind	R IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explain	ain)		LOCAL LICENS By:	ING AUTHO	DRITY
DATE:			-		